



State of Connecticut
Department of Banking
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA • HARTFORD, CT 06103-1800



APPLICATION FOR A SECONDARY MORTGAGE LENDER/BROKER,
CORRESPONDENT LENDER/BROKER OR BROKER ONLY LICENSE

Application is hereby made for a license under Chapter 668 Part I(B),
of the Connecticut General Statutes.

1. In what capacity does Applicant engage in the secondary mortgage business? (Please check appropriate box)

☐ Lender/Broker

☐ Correspondent Lender/Broker

☐ Broker only

2. Name of Applicant: _____
(Complete name under which business is conducted)

D/B/A name (If applicable) _____

2a. Telephone No.: _____ 2b. Fax No: _____

2c. E-mail Address: _____

3. Location of office to be licensed under this application:

(Number and Street)	(City)	(State)	(Zip Code)
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Mailing address if different from location of office to be licensed:

(Number and Street)	(City)	(State)	(Zip Code)
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3a. Name and address of home office or parent company if Applicant is operated as a branch or subsidiary:

(Name) _____

(Number and Street)	(City)	(State)	(Zip Code)	(Phone number)
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4. Is the Applicant presently engaged in the secondary mortgage loan business? Yes ☐ No ☐ If yes, please answer 4(a) & 4(b).
(a) Date business commenced: _____
(b) States in which Applicant operates: _____

5. Form of organization: _____
(Sole Proprietorship, Partnership, Corporation, Limited Liability Company (“LLC”), etc.)
If incorporated, State and date of incorporation. If an LLC, the State and date of formation of the LLC:

_____	_____
(State)	(Date)

a. Federal Employer Identification Number: _____

b. If a Sole Proprietorship, Federal Social Security Account Number: _____

6. Full given name and residence (P.O. Box is not acceptable) of the owner or partners or in the case of a corporation, association or trust, list the directors, trustees and principal officers. In the case of an LLC, list each member:

FULL GIVEN NAME	TITLE	RESIDENCE	DATE OF BIRTH	OTHER OCCUPATION
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7. Are you engaged, or do you intend to engage in the secondary mortgage business in conjunction with any other business? (exclude any mortgage activity which has been licensed by this department under the same name and any application submitted to this department to engage in mortgage activity which is pending) Yes ☐ No ☐ If yes, specify other business in detail: (use attachment to application if needed)

8. Full given name and residence of person with supervisory authority over lending or brokerage activities at the office to be licensed under this application. The person listed below MUST be on-site.

Full Given Name	Number and Street	City	State	Date of Birth
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8a. Give a chronological listing of experience in the mortgage business during the last five years. (Include the date of employment; name and address of employer, position title and a detailed description of duties and responsibilities. (PLEASE PROVIDE AN ATTACHMENT TO THE APPLICATION)

9. Has the Applicant or any employee, officer, director, sales agent, loan originator or similar person, whether an independent contractor or not:
- (a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?
Yes ☐ No ☐
- (b) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency?
Yes ☐ No ☐
- (c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or had such an application ever been withdrawn?
Yes ☐ No ☐
- (d) ever been a defendant in any litigation of any type (including suits under the State or Federal Truth in Lending Act) filed against the Applicant or any employee, officer or director thereof, in connection with the granting or brokering of mortgage loans?
Yes ☐ No ☐

If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets if necessary.

10. If records required by statute are not maintained at the licensed address, at what address(es) can they be examined?
11. If the Applicant is a corporation, name and address of any stockholder owning 10% or more of the outstanding stock in the corporation. If the applicant is a partnership or an LLC, list the percentage of ownership of each partner or member. If any such stockholder is a corporation, on a separate sheet, please provide a list of the principal officers and all directors of such corporation together with the title, residence address and date of birth of each principal officer and director. (use attachment to application if needed)

FULL NAME	NUMBER AND STREET	CITY/STATE	% OF OWNERSHIP
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12. Is the Applicant a subsidiary, direct or indirect, of a banking corporation, a savings bank or a savings and loan association, or a subsidiary of a holding company of such institutions: Yes ☐ No ☐ If yes, provide details using additional sheets as necessary.
13. Does applicant use or employ loan originators at this location? Yes ☐ No ☐ If yes, please submit the enclosed "Application for Registration of Loan Originators." Please read instructions carefully.

SIGNATURE OF APPLICANT

By:

Signature	Print Name & Title
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STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____,
personally appeared _____
(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public) or (Commissioner of Superior Court)	(Commission Expiration Date)
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NOTE: If the Applicant is a corporation or association, this instrument must be signed by the President, Vice President or Secretary of the Applicant. If the Applicant is a partnership or LLC, this instrument must be signed by a general partner or member who is duly authorized to execute on behalf of the partnership or LLC, contracts and deeds and other instruments under seal.